

AMENDMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

311

Registered No.

411

1. PLACE OF BIRTH

County Maricopa State Arizona

District or Township _____ or Village _____

City Phoenix No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. Legitimate?

7. Date

of birth April 13 1927

Month Day Year

8. FATHER

Full name

William W. Cox

14. MOTHER

Full maiden name

Bessie May Farrie

9. Residence

(Usual place of abode) R. R. 5, Box 145

If non-resident, give place and state.

15. Residence

(Usual place of abode) Same

If non-resident, give place and state.

10. Color or race

W11. Age at last birthday 42 (Years)

16. Color or race

W17. Age at last birthday 41 (Years)

12. Birthplace (city or place)

(State or country) Texas

18. Birthplace (city or place)

(State or country) Texas

13. Occupation

Nature of Industry Laborer

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Lois Hughes

(Physician or midwife).

Given name added from
a supplemental report

Month, day, year

Address

Filed 4-20, 1927.

Registrar

Registrar

037-413-262